

# The Utah State Medicaid DUR Board The Amber Sheet

An "unofficial" publication of the State DUR Board

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## **Accountable Care Organizations (ACOs)** and Medicaid Pharmacy Benefits

Effective January 1, 2013, Utah Medicaid clients enrolled in an Accountable Care Organization (ACO) began receiving most of their pharmacy benefit through ACOs. Medicaid clients in Weber, Davis, Salt Lake and Utah counties are required to enroll in an ACO. Enrollment in other counties is voluntary. There are four ACO's: Health Choice Utah, Healthy U, Select Health Community Care, and Molina.

#### Overview of ACO pharmacy benefits

After Jan.1, 2013, most pharmacy benefits are "carved in", meaning that they are one of the benefits provided by ACOs. There are a few important exceptions:

- Hemophilia drugs
- Organ transplant immunosuppressants
- Mental health-related drugs, including treatments for attention deficit and hyperactivity disorders (ADD and ADHD), anxiety, depression, psychotic disorders, and seizure disorders, and
- Substance use treatment drugs: naltrexone products, Suboxone® and generics, Disulfram products, and Campral®

### Helpful contact information for ACO's:

- Health Choice Utah: Pharmacy & Client Questions: 877-358-8797 (Business Hours) or 1-800-322-8670 (After Hours) http://www.healthchoiceutah.com/
- **Healthy U**: Member Questions: 1-888-271-5870; Beginning January 2013, call Ventegra/NPS at 877-895-7159; www.uhealthplan.utah.edu/healthyu
- **Select Health**: Pharmacy/Physician Questions: 801-442-4912 or 1-800-442-3129 Members Contact 801-442-5038 or 1-800-

- 538-5038 Mon-Fri 7a.m. to 8p.m., Sat 8a.m.-3p.m. www.selecthealth.org
- Molina: Beginning January 2013 call 888-483-0760; for claims call 800-364-6331 Mon-Fri 8:30 a.m. 5:00 p.m. www.molinahealthcare.com/medicaid/memb ers/ut/Pages/home.aspx and www.molinahealthcare.com/medicaid/provid ers/ut/Pages/home.aspx
- **Utah Medicaid Pharmacy Help Desk**: 801-538-6155 or 800-662-9651

### Indian Health Services Pharmacies

Indian Health Services (IHS) pharmacies will continue to bill all POS pharmacy claims to fee-for-service Medicaid regardless if the client is enrolled in an Accountable Care Organization.

## **New Pharmacy Web Portal**

Utah Medicaid has a new secure, HIPAA compliant Prior Authorization web portal for prescribers, pharmacies, and clients. Please visit the Portal at www.UtahRxPortal.org. The portal has:

#### Tools for Clients:

• Electronic PA monitoring

#### Tools for Pharmacies:

- Look-ups for reimbursable NDCs
- Electronic PA monitoring
- Communication with prescriber's offices

#### Tools for Prescribers:

- View the clients medication profile for drugs reimbursed by Utah Medicaid
- Electronic prescribing
- Electronic PA submission and monitoring
- Look-ups for reimbursable NDCs, diagnosis codes, and pharmacies

 Ability to add permissions for office staff to submit prescriptions and PAs on behalf of the prescriber

Many prescribers appreciate the ability to add permissions for appropriate office staff to submit prescriptions and PAs after prescriber initiation. However, remember that changes in office staff require immediate inactivation of former employees' permissions. Please register with the Portal at www.UtahRxPortal.org

## **Pharmacy Provider Manual Updates**

## <u>Benzodiazepines and Barbiturates - Medicare</u> Part D Coverage

Effective January 1, 2013 Medicare began covering barbiturates when prescribed for epilepsy, cancer, or a chronic mental health disorder, and benzodiazepines. Clients who are dual eligible (covered by both Medicare and Medicaid) will no longer receive coverage for these classes of medication through their Medicaid benefit.

## **Coverage of Medication "Kits" and Combination Products**

The Medicaid Drug Utilization Board reviewed kits and combination products in January of 2011. Medicaid accepted the DUR Board recommendation that, unless economically beneficial to Medicaid, kits and combination products are not reimbursable. For kits and combination products that are exceptions to this policy, refer to Utah Medicaid's Preferred Drug List, online http://www.health.utah.gov/medicaid/pharmacy/PD *L/directory.php.* Please note that this policy applies to fee-for-service benefits, and not to benefits administered by Accountable Care Organizations (ACOs). Refer to the pertinent ACO's policy via Utah Medicaid's ACO directory, online http://www.health.utah.gov/medicaid/pharmacy/aco/ directory.php

#### **OTC List Updated**

The over-the-counter (OTC) medication list has been updated. It is important to note that over-the-counter medications are only covered when:

- (1) the medication is listed on the OTC list,
- (2) the medication is ordered on a written prescription, and
- (3) the manufacturer has entered into a rebate agreement with CMS.

There a few OTC medications that Utah Medicaid has chosen to cover although they do not offer CMS rebates, these have been identified at the bottom the OTC list. The OTC list is found on the Utah Medicaid Pharmacy Program website at <a href="http://www.health.utah.gov/medicaid/pharmacy/coverage/directory.php">http://www.health.utah.gov/medicaid/pharmacy/coverage/directory.php</a>.

#### Medication Not Received By Medicaid Client

If a Medicaid client has not received a medication billed to Medicaid within ten (10) days of the date it was filled, the pharmacy provider must reverse the claim and credit back the billed amount.

## **Prior Authorization Coverage Changes**

<u>Androgens</u>: Effective December 2012 Androgens in all dosage forms require prior authorization. The criteria for coverage are as follows:

- $\geq$  19 years old
- Males only
- Diagnosis of 253.4 or 257.2
- Symptoms of testosterone deficiency
- Two morning testosterone levels below the individual lab's reference range (different laboratories use different assays and thus may have different ranges which are considered low, optimal, or high)
- Initial authorizations will be granted for 6 months
- Re-authorizations are given for 6 months at a time and must be accompanied by two morning testosterone levels in order to verify drug absorption.

<u>Insulin Pens</u>: Effective March 2013 the prior authorization criteria for insulin pens has been expanded. Documentation must show one or more of the following:

- legal blindness
- debilitating rheumatoid or osteoarthritis of one or both arms, hands, and/or one or more fingers
- other conditions causing severe debilitation of one or both arms, hands, and/or one or more fingers
- reductive deformities of one or both arms, hands, and/or one or more fingers
- Parkinsonism or essential tremor
- mental retardation (severe intellectual disability)
- any condition that necessitates that a patient, greater-than-or-equal-to the age of 19 years, have a legal guardian other than him/herself

Note: patient age of less-than-or-equal-to the age of 18 years is not sufficient justification for approval of insulin pens(s)

- Initial authorizations will be granted for 1 year
- Re-authorizations require a letter of medical necessity

## 2013 Preferred Drug List

Utah Medicaid has posted the updated Preferred Drug List (PDL) effective for the 2013 calendar year. To view the PDL please visit the Pharmacy Program website at <a href="http://www.health.utah.gov/medicaid/pharmacy">http://www.health.utah.gov/medicaid/pharmacy</a>.

## **Transitional Part D Medication Coverage**

The Limited Income NET Program (or LI NET) is operated by Humana on behalf of CMS. The program provides temporary Part D prescription drug coverage for dual eligible (retroactive coverage only) or low-income individuals waiting for Medicare Part D drug coverage to begin. To qualify for the LI NET Program there are specific eligibility requirements that must be met. For more information on the LI NET program please visit http://www.cms.gov/Medicare/Eligibility-and-Enrollment/LowIncSubMedicarePresCov/Medicare LimitedIncomeNET.html.